

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Bolse, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

April 27, 2007

Tammy Crystal, Administrator Pocatello Assisted Living Center PO Box 194 Malad, ID 83252

License #: RC-804

Dear Ms. Crystal:

On March 8, 2007, a life safety code survey was conducted at Pocatello Assisted Living Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

Team Leader

Health Facility Surveyor

Facility Fire Safety & Construction Program

CL/sc

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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March 13, 2007

Tammy Crystal, Administrator Pocatello Assisted Living Center PO Box 194 Malad, ID 83252

Dear Ms. Crystal:

On March 8, 2007, a life safety code survey was conducted at Pocatello Assisted Living Center. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by April 7, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** 01 - BUILDING 1 A. BUILDING B. WING 13R804 03/08/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **520 WILLARD AVENUE POCATELLO ASSISTED LIVING CENTER** POCATELLO, ID 83201 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 000 R 000 Initial Comments The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on March 8, 2007. The surveyor conducting the survey was: Chris Laumann Health Facility Surveyor Facility Fire safety & Construction

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

					i dilon	LIST	
Facility Name			Physical Address	Phone Number	Phone Number		
Administrator Assisted Living			520 Willard	(200) 3	202) 233-232-2610		
Administrator -			City	ZIP Code	Code		
Survey Team Leader			Survey Type	10688	83201		
				Survey Date			
Chris Laumann			Fire Lite Sefety	3/8/0-	3/8/07		
T	-CORE ISSU	JES					
ITEM #	RULE# 16.03.22		DESCRIPTION		DATE RESOLVED	BFS USE	
	415.01	Maintenance of en	recency lighting. Two emergency	lishta unts			
	In the front of facility were not working when tested						
			J			46.60	
2	2 403.00 NFPA 101 Vertical seperations both water heater costs						
,	had gaps around piping proctenting the ceiling both close is				***************************************		
200		had sope count	exhast ever and all atom ear	track to	***************************************	15 (d) (E)	
		had goes around exhast ever and all other expire through the ceiling. One object had a 11/2 foot x 4 inch gap on the				6.000	
		side of the fin	COACE				
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Respon	se Required Date	Signature of Facility Representative			Data Diamed	3 63 65	
	8 /07	and the same of th			Date Signed	_7	
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